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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000170685 3)))



H190001706853ABC4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : I20160000061 Phone : (561)544-8900 Fax Number : (561)544-8999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

cb@pbl-law.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW OCEAN 914, LLC

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Help

D SCOTT

MAY 29 2019

13:18 PM PQT

TO:18506176383 FROM:5615448999 (((H19000170685 3)))

Page:

3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NEW OCEAN 914, LLC	
(<u>Name of the Limited Liablity Company</u> (A Florida Linuted Lia	as it now appears on our records.) office Company)
The Articles of Organization for this Limited Liability Company w	ere filed on MAY 1, 2019 and assigned
Florida document number L19000119080	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	• /
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	٠٠
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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TO:18506176383 FROM:5615448999 (((H190001706853)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PATRICK J. WHYTE	185 NE 4th Avenue	≘ Add
***		Suite 104	□ Remove
		Delray Beach, FL 33483	
			Add
			☐ Řemove
			Change .
			□ Vāqi ->>
			☐ Remove
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Effective date, if other than the date of filing: MAY 28, 2019		
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